

FILED JAN 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 42804

Registrar's No. 11208

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 42804		Registrar's No. 11208			
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2029						
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital					d. STREET ADDRESS (If rural, give location) 4399 Holly Hills Blvd.						
3. NAME OF DECEASED (Type or Print) GEORGE					4. DATE OF DEATH (Month) (Day) (Year) Dec. 29 1950						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 1, 1877		9. AGE (In years last birthday) 73			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Letter Carrier (Retired 10 Years)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME George Schenk			13b. MOTHER'S MAIDEN NAME Louise Shori			14. NAME OF HUSBAND OR WIFE Viola E. Schenk					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME Viola E. Schenk			ADDRESS 4399 Holly Hills Bl.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					INTERVAL BETWEEN ONSET AND DEATH 14 days ? ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis		(COUNTY) _____		(STATE) Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR		321X					
22. I hereby certify that I attended the deceased from May 16, 1946, to Dec 29, 1950, that I last saw the deceased alive on Dec 29, 1950, and that death occurred at 3:55A m., from the causes and on the date stated above.											
23a. SIGNATURE Max Staibhoff M.D. O					23b. ADDRESS 512 Dowd Place			23c. DATE SIGNED 12/29/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 2, 1951		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) St. Louis Co. Mo.		(State)			
DATE REC'D BY LOCAL REG. DEC 29 1950		REGISTRAR'S SIGNATURE J. B. Lasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.						

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.